

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH25655  
State File No. 255BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>				c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Mokane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>2145 1</u>			
3. NAME OF DECEASED a. (First) <u>Nana</u> b. (Middle) <u>Dale</u> c. (Last) <u>PATTERSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>May 26, 1876</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell County Va.</u>	
13a. FATHER'S NAME <u>William H. Andrew</u>				13b. MOTHER'S MAIDEN NAME <u>Missouri Bruce</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Emmett Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Voegtle Moberly Mo</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal uremia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) <u>3.31X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 20</u> , 19 <u>55</u> , to <u>Aug. 22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 22</u> , 19 <u>55</u> , and that death occurred at <u>11:53 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Hays Del.</u> (Degree or title)				23b. ADDRESS <u>Mokane, Mo.</u>		23c. DATE SIGNED <u>8-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mokane Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23 - 1955</u>		REGISTRAR'S SIGNATURE <u>R. O. Norris MD - JR</u>		FURNAL DIRECTOR'S SIGNATURE <u>Maupen &amp; N. Fullon Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 372

P. O. Address Fullon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.